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PATENT APPLICATION****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re the application of:

Attorney Docket No.: 3020.01US02

Meyer, Steven J.

Confirmation No.: 9581

Application No.: 09/668,109

Examiner: Chang, Sunray

Filed: September 22, 2000

Group Art Unit: 2128

For: SIMULATOR INDEPENDENT OBJECT CODE HDL SIMULATION USING PLI

TOTAL NUMBER OF PAGES BEING SENT (INCLUDING THIS COVER PAGE): 16

FACSIMILE TRANSMISSION OF AMENDMENT

Submitted herewith for consideration in the above-identified matter is an Amendment & Response. The Amendment comprises: 15 pages.

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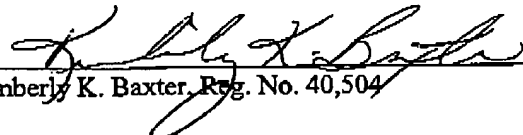
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Please grant any extension of time necessary for entry; charge any fee due to Deposit Account No. 16-0631.

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I hereby certify that this paper is being transmitted by facsimile to the U.S. Patent and Trademark Office, Fax No. 1-703-872-9306 on the date shown below.

May 28, 2004
Date


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AMENDMENT TRANSMITTAL

In re the application of:

Meyer

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Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

Enclosed are:

- ☒ Amendment (12 pages).
☒ Petition for Extension of Period for Response.
☐ _____

The filing fee has been calculated as shown below:

	Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra (Equals)	Small Entity Rate	Add'l Fee	OR	Large Entity Rate	Add'l Fee
Total	16	- 21	= 0	x 9	\$		x 18	\$
Indep.	3	- 3	= 0	x 43	\$		x 86	\$
Mult. Dep.			=	+ 145	\$		+ 290	\$
TOTAL					\$0	OR	TOTAL	\$

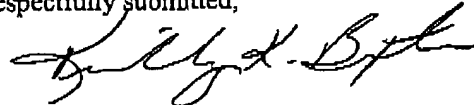
☐ First Presentation of Multiple Dependent Claim [MDC]

- * If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3.
 - ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
 - *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Column 1 of a prior Amendment or the number of claims originally filed.

Application No. 10/09/668,109

- ☒ Applicant(s) is/are entitled to small entity status in accordance with 37 CFR 1.27.
- ☐ A check in the amount of \$_____ is attached. The Commissioner is hereby authorized to charge payment of any fees under 37 C.F.R. § 1.16 for presentation of extra claims or credit any overpayment to Deposit Account No. 16-0631.

Respectfully submitted,



Kimberly K. Baxter
Registration No. 40,504

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Date May 28, 2004

Kimberly K. Baxter